



# Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Document # \_\_\_\_\_  
 Fee paid: ☐ cash ☐ check ☒ 20  
 By: \_\_\_\_\_  
 Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Billings City Council, Ward 1 ☐ \_\_\_\_\_ OR ☒ Nonpartisan  
 Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Ed Gulick

Mailing Address City and State Zip Code  
PO Box 514 Billings, MT 59103

Residence Address City and State Zip Code  
3015 10th Ave. N. Billings, MT 59101

County of Residence Contact Phone Email Address Website Address  
Yellowstone 406-698-2747 ed4billings@gmail.com ed4billings.com

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of \$ 72.00 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

[Signature]  
 Signature of Candidate

4/22/21  
 Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Yellowstone

Signed and sworn to before me this 22 day of April, 2021 by Ed Gulick  
 Printed Name of Candidate

Where to file Federal, Statewide, State District and Legislative offices:  
 Montana Secretary of State  
 P.O. Box 202801  
 State Capitol Building, 1301 E. 6th Ave  
 2nd Floor, Room 260  
 Helena, MT 59620  
 Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
 Fax: 406-444-2023

Where to file County, City and most Local District offices:  
 County Election Office  
 A list of county election offices may be found at: [sosmt.gov/elections](http://sosmt.gov/elections)



Rebecca Hart  
 Signature of Notary or Public Official

Rebecca J Hart  
 Printed Name of Notary Public

Notary Public for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_

Revised July 24, 2019